Health & Place 33 (2015) 125–131

Contents lists available at ScienceDirect

Health & Place

journal homepage: www.elsevier.com/locate/healthplace

The Cedar Project: Residential transience and HIV vulnerability among young Aboriginal people who use drugs

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ARTICLE INFO

Article history:
Received 22 September 2014
Received in revised form
18 December 2014
Accepted 18 February 2015
Available online 2 April 2015

Keywords:
Aboriginal peoples
HIV risk
Housing stability
Drug use
Residential transience

ABSTRACT

Aboriginal homelessness is considered to be a result of historic dispossession of traditional territories and forced displacement from community structures. Using data collected from 2005–2010 from the Cedar Project, a cohort of young Aboriginal people who use drugs in two Canadian cities, we examined how residential transience shapes HIV vulnerability. At baseline, 48 of 260 participants (18.5%) reported sleeping in six or more places ('highly transient') in the past six months. Generalized linear mixed models identified associations between high transience and sex and drug related HIV vulnerabilities. Transience was independently associated with sex work (AOR:3.52, 95%CI:2.06, 6.05); sexual assault (AOR:2.48, 95%CI:1.26, 4.86); injection drug use (AOR:4.54, 95%CI:2.71, 7.61); daily cocaine injection (AOR:2.16, 95%CI:1.26, 3.72); and public injection (AOR:2.87, 95%CI:1.65, 5.00). After stratification, transience and sexual vulnerability remained significantly associated among women but not men. Ensuring that young Aboriginal people have access to safe spaces to live, work, and inject must include policies addressing residential transience as well as the absence of a roof and walls.

1. Introduction

"The narrative of Indigenous homelessness has to start at the beginning, that is, with the historical truth of the original and ongoing dispossession of Indigenous people and of its consequences for the first peoples" (Murray, 2010).

Scholars of Aboriginal health have argued that Aboriginal homelessness and housing instability is a result of historic dispossession of traditional territories and forced displacement from community structures (Reading and Wien, 2009; United Native Nations Society, 2001; Menzies, 2009; Leach, 2010; Ruttan et al., 2010; Dodson, 2010; Adelson, 2005). Under the *Indian Act* (Indian Act, RSC, 1985), Canada's reserve system carved up traditional lands and closely controlled where Aboriginal people were allowed to live and travel (Adelson, 2005). Beginning in 1920, Aboriginal parents were required by law to send their children away to residential schools as part of a church-state partnership to culturally assimilate Aboriginal children. Residential schools were sites of ritualized abuse, designed to "take the Indian out of the child" (Chansonneuve, 2005). Generations of children were taught to feel ashamed of their heritage, language, customs and spiritual traditions (Christian and Spittal, 2008). In total, more than 100,000 children were forcibly removed from their homes and families between 1867 and 1986 (Royal Commission on Aboriginal Peoples, 1996). In 1951, responsibility for child welfare was delegated to Canadian provinces. At this time, only 1% of youth in care in Canada were Aboriginal (Turpel-Lafond, 2013). During the "Sixties Scoop", thousands of Aboriginal children were apprehended and placed in foster or adoptive homes across Canada (Trocmé et al., 2004). Removal from biological parents was often permanent and children often moved several times while in care. Today, more than half of children in care in Canada's western-most province of British Columbia (B.C.) are Aboriginal, although Aboriginal people

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http://dx.doi.org/10.1016/j.healthplace.2015.02.008
1353-8292/

account for just 5% of the population (Turpel-Lafond, 2013; Statistics Canada, 2011).

These government actions have systematically and deliberately dismantled Aboriginal homes, families, and communities. Severing of family and community ties has left an indelible mark on individuals and communities across generations, creating "a homeless state" (Menzies, 2009; Christian and Spittal, 2008). Today, the systemic nature of housing instability among Aboriginal people is captured in virtually every housing measure in B.C., including housing quality, affordability, residential transience, and homelessness (Canada Mortgage and Housing Corporation, 2006; Kraus et al., 2010; Kutzner and Ameyaw, 2010; Distasio et al., 2005).

Aboriginal people in Canada are also significantly over-represented in Canada's HIV epidemic (Public Health Agency of Canada, 2010). Aboriginal people comprise just 3.8% of the total Canadian population, but account for 8% of people in Canada living with HIV (Public Health Agency of Canada, 2010). The rate of new infections among Aboriginal people is 3.6 times higher than non-Aboriginal people (Public Health Agency of Canada, 2010). In B.C., nearly 15% of HIV diagnoses in 2011 were among Aboriginal people (B.C. Centre for Disease Control, 2011). Aboriginal women and young people in particular have been severely impacted by the HIV epidemic (Public Health Agency of Canada, 2010; B.C. Ministry of Healthy Living and Sport, 2007; Marshall et al., 2008; Miller et al., 2006; Spittal et al., 2007).

Critical to understanding the relationship between housing status and HIV infection are the ways in which housing shapes drug use practices, structures intimate relationships, and impacts individual self-worth (Rhodes et al., 2005; Aidala and Sumartojo, 2007; Dickson-Gomez et al., 2009). Lack of housing limits the physical space in which to manage the logistics of safe sex and safe injection, such as storing clean needles or negotiating condom use. Difficulties finding and maintaining housing may force young people into living arrangements with sexual partners where they feel unsafe or powerless. Further, living in public or semi-public spaces precludes the physical and emotional safety and security often found at home (Jacobson et al., 2009; Robertson, 2007). Powerful social meaning attached to having "a home of one's own" means that those living in sub-standard housing may struggle to maintain self-worth and dignity (Aidala and Sumartojo, 2007). In these ways, both the physical and place-based aspects of housing play an important intermediate role in increasing HIV vulnerability. This study examines how residential transience shapes vulnerability to HIV infection among young Aboriginal people who use illicit drugs in B.C.

2. Methods

2.1. Study sample

The Cedar Project is a prospective cohort study of young Aboriginal people who use injection and non-injection drugs in Vancouver and Prince George, B.C. The methods used in the Cedar Project have been previously published in detail (Spittal et al., 2007). This study involved young people who self-identify as Aboriginal, including Métis, First Nations, Inuit and status and non-status Indians. Between 2003 and 2005, participants living primarily in the downtown areas of both cities were recruited through health care providers, street outreach, and word of mouth. Eligibility criteria included being aged 14–30 and having used illicit drugs, other than marijuana, in the month before enrollment. Drug use was confirmed using saliva screens (Oral-screen, Avitar Onsite Diagnostics). All participants met with an Aboriginal study coordinator who explained procedures, confirmed eligibility and sought informed consent. Participants completed a detailed questionnaire on socio-demographic characteristics, patterns of drug use, sexual vulnerability and use of services administered by an interviewer at each six-month visit. Blood samples were taken and tested for antibodies to HIV and Hepatitis C at each visit. Participants were offered pre- and post-test counseling with trained nurses. They were requested, but not required, to return for test results. Each participant was given a $20 stipend at each visit to compensate for their time. All analyses presented here were restricted to participants who attended more than one interview during the study period. Of 605 participants in the Cedar Project cohort, 352 participants responded to the questions related to residential transience introduced during the fourth cycle of interviews. This follow-up, for which 260 participants returned, serves as the baseline for this study.

2.2. Study setting

Cedar Project offices are located in Vancouver and Prince George, two urban centers in British Columbia. Vancouver is B.C.'s largest city, located on the province's south-west coast. Just over 40,000 Aboriginal people lived in Metro Vancouver in 2006, accounting for two percent of the population (Milligan, 2006a). Located in B.C.'s northern interior, Prince George is a forestry and mining town home to just under 9000 Aboriginal people, accounting for 11% of the population (Milligan, 2006b). Vancouver's Downtown Eastside neighborhood has been the setting of the province's largest open-air illicit drug market, and the centre of an explosive HIV epidemic (Corneil et al., 2006; Maas et al., 2007). The neighborhood is home to approximately 5000 people who use injection drugs and is characterized by extreme poverty, high crime rates, and housing instability (Maas et al., 2007). It is estimated that 40% of its residents are Aboriginal people. A high concentration of services related to substance abuse, sex work, and poverty are available in the neighborhood. However, while the service landscape of Vancouver's Downtown East Side has been well studied and documented, comparatively little is understood about Prince George's downtown core as a setting for high intensity drug use and homelessness.

2.3. Measures

Participants were considered "highly transient" if they reported having slept in six or more different places in the past six months. The reference group included participants who were less transient (slept in one to five different places in the past six months). Sexual vulnerability was defined as occurring any time in the six months preceding the follow-up interview, including: condom use with regular and casual partners (always versus not always); sex work (yes versus no); and sexual assault (yes versus no). A sub-sample of participants who reported injecting in the prior six months was asked about: injection drug use (yes versus no); high frequency opiate injection (daily versus less than daily); high frequency cocaine injection (daily versus less than daily); high frequency methamphetamine injection (daily versus less than daily); needing help injecting (yes versus no); needle sharing (yes versus no); and public injection (ever versus never). Each multivariate model included variables hypothesized to confound the relationship between being highly transient and sex- and drug-related HIV vulnerability over time. These included age (in years), city of residence (Vancouver versus Prince George), and biological sex (male versus female).

2.4. Analysis

Participant characteristics and housing patterns at baseline were compared between those who were highly transient and those who were not. Categorical variables were compared using Pearson's chi-squared and Fisher's exact test where appropriate. Continuous variables were compared using a Student *t*-test. All *p* values presented are